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FACSIMILE TRANSMISSION

October 10, 2007

TO : USPTO

ATTN: Anabel Ton

FAX NO.:

TELEPHONE:

FROM: Thomas L. Jones

Application No.: 10/548,318

OUR DOCKET: 1185.1073

NO. OF PAGES (Including this Cover Sheet) 9

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents,
P.O. Box 1480, Alexandria, VA 22313-1450
on 10/10, 2007
By: STAAS & HALSEY
Date: 10/10/07

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S&H Form: (09/07)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1185.1073		
		Application Number	10/548,318		
		Filing Date	September 7, 2005		
		First Named Inventor	Shingo OHKAWA et al.		
		Group Art Unit	2875		
AMOUNT ENCLOSED	1050.00	Examiner Name	Anabel Ton		
FEE CALCULATION (fees effective 09/30/07)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	14	20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	2	3 =	0	X \$ 210.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>July 10, 2007</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$460)); (3 months (\$1,050)); (4 months (\$1,640)); (5 months (\$2,230));					1050.00
If Notice of Appeal is enclosed, add (\$510.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 1050.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 1050.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed.					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Thomas L. Jones		CERTIFICATE OF FACSIMILE TRANSMISSION	53,908	
Signature	<i>Thomas L. Jones</i>		I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480		October 10, 2007
			on <u>10/10/07</u> , 2007 Staas & Halsey LLP		
			By: <u>Thomas L. Jones</u>		
			Date: <u>10/10/07</u>		